

City of Milwaukee
Department of Employee Relations
Survey for Management Pay Plan Employees

The Department of Employee Relations (DER) is in the process of assessing the City's Total Compensation and Pay Practices for employees in the Management Pay Plan. Our goal is to better attract, retain and motivate our management employees while recognizing the City's fiscal and employment/labor-related challenges. Earlier this year a Compensation and Pay Practices survey was sent to a total of 39 public employers including local municipalities and other cities in the Midwest and throughout the United States. We are currently reviewing the data we received and plan to submit a report to the Finance and Personnel Committee sometime this fall. A status report on preliminary findings regarding pay practices was submitted to the Finance and Personnel Committee at their June 29, 2005 meeting (File Number 050175). A copy of the report as well as this survey can be found at the DER Web Site (<http://www.milwaukee.gov/der>) in the "Benefits for City Employees" section, under the "Management Pay Plan Updates" category.

At this time we would like input from you, our managers, about the City's total compensation and pay practices. This information will be helpful for us as we prepare recommendations for the Management Pay Plan and target resources on benefits that are most important to you. A copy of our proposal and a summary of the results of this survey will also be placed on the DER web site when completed. Please answer the following questions individually and either drop off or send the survey through interoffice or US Mail to **Andrea Knickerbocker, Human Resources Manager, Department of Employee Relations, City Hall Room 706, 200 E. Wells Street, Milwaukee, WI 53202 by August 19, 2005.** Please call Andrea at 3387 or Sarah Trotter at 2398 if you have any questions. Thank you for your assistance.

Please rate the following pay and benefits offered Management Pay Plan employees. If the benefit does not apply to you, please check the first column. Please note that an asterisk next to a benefit indicates there was a change in 2005 which is described in the attached memorandum. Next, indicate how well you understand the benefit and then rate the benefit as to how important it is to you using the scale of 1 – 3.

	Does Not Apply	Excellent	Good	Fair	Poor		Fully Understand	Understand Some But Need More Information	Do Not Understand and/or Not Aware		1- Important 2- Neutral 3-Unimportant
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Insurance Plan Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Insurance Employee Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dental Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dental Insurance Plan Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Does Not Apply	Excellent	Good	Fair	Poor		Fully Understand	Understand Some But Need More Information	Do Not Understand and/or Not Aware		1- Important 2- Neutral 3-Unimportant
Dental Insurance Employee Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Retirement Benefits*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Terminal Leave (Sick Leave Payout Upon Retirement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vacation Benefits*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paid Holidays (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Funeral Leave*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sick Leave Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sick Leave Incentive Plan*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Long Term Disability Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Injury Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuition Reimbursement Benefit*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Membership Dues Reimbursement Benefit*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Certification/ License Fees Reimbursement Benefit*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Does Not Apply	Excellent	Good	Fair	Poor		Fully Understand	Understand Some But Need More Information	Do Not Understand and/or Not Aware		1- Important 2- Neutral 3-Unimportant
Flexible Choices – Pretax Dollars for Medical/ Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flexible Choices – Pretax Dollars for Dependent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Safety Shoe Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Auto Allowance/ Mileage Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flexible Schedule- Different starting and ending times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alternative Work Schedule (for example, four 10 hour days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Are there any other pay practices or benefits you feel the City should consider offering to management employees to enhance the total compensation package? (Examples may include vision care, wellness programs, non-pensionable salary adjustments or lump sum payments based on performance, vacation cash outs, employee paid life insurance for spouses and/or children or employee paid long term care insurance?)

☐ Yes ☐ No If yes, what pay practices or benefits would you recommend?

Any additional comments about pay practices and your total compensation?

Please rate your own experience with the following employment related issues.

	No Experience	Excellent	Good	Fair	Poor
Awareness of Promotional Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Promotional Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & Development Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Performance Feedback from Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Recognition/ Appreciation Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What aspects of your job and work environment provide you the most job satisfaction?

What might cause you to think about leaving City employment?

My position is in Salary Grade: ☐ 1-3 ☐ 4-7 ☐ 8-13 ☐ 14-19

I have been in this Salary Grade for: ☐ Under 5 years ☐ 5-10 years ☐ 11-20 years ☐ Over 20 years

I have worked for the City of Milwaukee for: ☐ Under 5 years ☐ 5-10 years ☐ 11-20 years ☐ Over 20 years

I have worked for the City of Milwaukee as a manager for: ☐ Under 5 years ☐ 5-10 years ☐ 11-20 years ☐ Over 20 years

Name (Optional) _____ **Department (Optional)** _____

Please drop off or send the completed survey through interoffice or US Mail to Andrea Knickerbocker, Human Resources Manager, Department of Employee Relations, City Hall Room 706, 200 E. Wells Street, Milwaukee, WI 53202 by August 19, 2005. Please call Andrea at 3387 or Sarah Trotter at 2398 if you have any questions. Thank you for your assistance.